

TECHNICAL SUPPORT FOR HIV/AIDS PREVENTION, CARE AND TREATMENT PROJECT

*Summary of achievements and lessons learned from
a five-year experience in a multi-country and regional
project in the Asia Pacific*

THAILAND End of Project Report

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BATS	Bureau of AIDS, Tuberculosis and STIs
BCC	Behavioral change communication
BMA	Bangkok Metropolitan Administration
CBO	Community-based organization
CCM	Country coordinating mechanism (GFATM)
CHAMPION	Comprehensive HIV-prevention among MARPs by promoting integrated outreach and networking (GFATM MSM program)
CHBC	Community and home-based care
DDC	Department of Disease Control
FY	Fiscal year
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV counseling and testing
IEC	Information, education and communication
M&E	Monitoring and evaluation
MARP	Most-at-risk population
MoPH	Ministry of Public Health
MSM	Men who have sex with men
MSW	Male sex worker
NAMC	National AIDS Management Committee
NGO	Non-governmental organization
PCM	Provincial coordinating mechanism
PLHIV	Person living with HIV/AIDS / people living with HIV/AIDS
PPAT	Planned Parenthood Association of Thailand
PR	Principal recipient (GFATM)
QA/QI	Quality assurance/ quality improvement
RIHES	Research Institute for Health Sciences, Chiang Mai University
RSAT	Rainbow Sky Association of Thailand
SOP	Standard operating procedures
SSR	Sub-sub recipient (GFATM)
STI	Sexually transmitted infection
SWING	Service Worker IN Group Foundation
TA	Technical assistance
TG	Transgender
TOT	Training of trainer
TRC	Thai Red Cross AIDS Research Centre
TUC	Thailand Ministry of Public Health and U.S. CDC Collaboration
TWG	Technical working group
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USCDC	United States Centers for Disease Control and Prevention
USG	United States Government
VCT	Voluntary counseling and testing
WHO	World Health Organization

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We would like to extend our deepest thanks to the Royal Thai Government, in particular the Ministry of Public Health, the Bureau of AIDS, TB, and STIs (BATS), the Department of Corrections, the Department of Disease Control, the Department of Medical Services and the National AIDS Management Committee (NAMC).

The commitment and dedication of our local partners and their staff and the volunteers have also been crucial to the provision of quality HIV/AIDS prevention, care and treatment services under the Thailand Program and their guidance has been critical to shaping the program over the life of the project. These partners include the SWING Foundation, Mplus, Rainbow Sky Association of Thailand, Sisters, AIDSNet, the Violet Home, Bangrak Hospital, the Thai Red Cross, the Bangkok Metropolitan Administration, the AIDS ACCESS Foundation and the Mercy Centre/Human Development Foundation.

The vision, guidance and support provided by the USAID Regional Development Mission Asia have been invaluable to shaping the program and to its successes.

EXECUTIVE SUMMARY

Since 1991, the Royal Thai Government has been committed to reducing HIV incidence and prevalence and, in partnership with international technical assistance providers, has worked to reduce the impact of HIV/AIDS on Thai society. However, infection rates among most-at-risk populations (MARPs) remain high, particularly among injecting drug users (IDUs), men who have sex with men (MSM) and transgender (TG) people. Low risk perception, lack of knowledge about prevention and treatment services, and fear of discrimination and stigmatization are major factors contributing to high prevalence and incidence among these populations.

The five-year, USAID Regional Development Mission Asia (RDMA)-funded project, Technical Support for HIV/AIDS Prevention, Care and Treatment, (hereafter referred to as the RDMA project) was implemented by FHI 360 in Thailand specifically to address the continuing epidemic among MARPs by improving HIV/AIDS service delivery and program management capabilities, reducing the incidence and prevalence of HIV/AIDS, and

mitigating its impact on PLHIV and their families. As part of the USAID RDMA Thailand strategy for FHI 360 to gradually phase out of directly funding implementing agencies (IAs) in addition to providing IAs technical assistance, FHI 360 served as the primary technical assistance provider for MARPs interventions in Thailand for USAID-funded programs and one of the technical advisors to the Royal Thai Government's Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) national program targeting MSM.

In this more focused role, FHI 360 assisted development of effective strategic information systems that formed the basis for evidence-based interventions among MARPs in Thailand. Through this project, FHI 360 focused on large-scale behavior change communication (BCC) to reduce risky behavior, increase counseling and testing uptake, and expand treatment, care and support for PLHIV. Central to the project, FHI 360 supported collaboration between partners at the national, provincial and community levels based on appropriate use of each organization's comparative strengths. Through both classroom-based and on-the-job training, continual mentoring, learning visits, and experience sharing, the project

strengthened the management and technical capacity of individuals and organizations to provide high-quality, effective, and comprehensive HIV/AIDS services to MARPs.

Through the life of the project, FHI 360 worked with local and international partners to provide technical assistance for the monitoring and evaluation (M&E) of HIV/AIDS prevention, treatment, care, and support programs and contributed significantly to increasing availability and use of strategic information for HIV/AIDS programming in Thailand. This included developing and distributing

improved strategic information tools, training project partners to use these tools and applying the concept of quality improvement in HIV/AIDS programming at the national, provincial and community levels. HIV prevention services were improved or delivered to at risk populations including MSM, TG, drug users and prison populations. Community, home-based and case management care approaches and services were delivered to PLHIV and at risk populations through partnerships with local community based organizations.



COUNTRY CONTEXT AND EPIDEMIOLOGY

HIV/AIDS prevention and control has been a priority in Thailand since 1991, when the Royal Thai Government (RTG) launched a national plan to reduce HIV infections, which included strategies such as television and radio messages, school-based and workplace HIV/AIDS education, life-skills training for teenagers and young women, anti-discrimination campaigns, and peer education. The government also launched the “100% condom program” to enforce consistent condom use in all commercial sex establishments. In 2000, antiretroviral drugs (ARVs) became available in Thailand for HIV treatment, and in 2001 the government made an official commitment to ensuring adequate treatment for all PLHIV.

As a result of the RTG’s proactive approach to HIV prevention and control, the

estimated HIV prevalence among adults (15-49) in Thailand decreased from 1.8% in 2000 to 1.3% by the end of 2009. Condom use has increased among young people and, in the general population, Thai men are less likely to visit sex workers and, when they do, they are more likely to use condoms.

Despite these successes, however, HIV prevalence among IDUs remains high, and has increased in recent years among rural sex workers. HIV prevalence also remains high among MSM (30.7% in Bangkok and 16.9% in Chiang Mai), driven in part by the fact that relatively few MSM have access to a comprehensive package of HIV prevention services (CPS). In addition, despite the government’s commitment to providing ART, one third of those in need of treatment in Thailand do not receive it, often because of ineffective referral or because they do not know treatment is available. Because of low uptake of HIV counseling and testing (HCT) services, half of all people who do initiate antiretroviral therapy (ART)

already have AIDS symptoms or a very low CD4 count (<100 cells/mm³).

In 2006, the government renewed its focus on reducing new HIV infections among most-at-risk populations – including MSM, IDUs, and FSWs and their clients – and launched a new three-year strategic plan to reduce HIV prevalence to less than 1% and providing access to care and support for at least 80% of the people living with HIV and other affected individuals. FHI 360 has worked to support government efforts under the Thailand Program, through development of effective strategic information systems to inform evidence-based programming; support for large-scale behavior change communication (BCC) interventions to reduce risky behavior and increase counseling and testing; and provide care and support for PLHIV.

USAID/FHI 360 PROGRAM STRATEGY

Through the global AIDSCAP and IMPACT projects and regional bilateral awards, USAID has supported FHI 360 to provide HIV/AIDS assessments, prevention and care activities in Thailand since the early 1990s. This report highlights the major achievements of the five-year (2007–2012) USAID Regional Development Mission Asia (RDMA)-funded Technical Support for HIV/AIDS Prevention, Care and Treatment project as implemented by FHI 360 in Thailand. The Technical Support for HIV/AIDS Prevention, Care and Treatment project (hereafter referred to as the RDMA Project) was implemented and coordinated by the FHI 360 Asia Pacific Regional Office in the region and in four countries: China (Yunnan and Guangxi provinces), Lao People's Democratic Republic, Papua New Guinea and Thailand.

In Thailand, FHI 360 supported the USAID/RDMA strategy to improve HIV/AIDS service delivery and program management capabilities, reduce the incidence and prevalence of HIV/AIDS, and mitigate its impact on PLHIV and their families in Thailand, while developing replicable and scalable models for HIV prevention and care.

Strategic objectives

The overall objective of the RDMA project was to provide technical support to the USAID HIV/AIDS prevention, care and treatment program focused on MARPs in South East Asia. The specific objectives of the project in Thailand were to:

- » provide HIV technical assistance to community partners receiving USAID support through other implementing agencies (IAs) and partners;
- » provide sub-grants and technical assistance as appropriate to government and other partners; and,
- » design and deliver technical assistance to the Royal Thai Government and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in order to scale-up the MARPs CPS and PLHIV interventions.

In line with these objectives, the project developed, implemented, monitored, evaluated and replicated innovative models for HIV/AIDS prevention, care and treatment for MARPs.

Working with local partners

Recognizing that lasting change can only happen by working with local organizations, FHI 360 maintained working relationships with USAID-funded cooperating agencies (CAs) and local partners in order to maximize program effectiveness and adapt project activities to best meet local needs. The key CAs under the RDMA project were Pact Thailand, Population Services International (PSI) and the U.S. Centers for Disease Control and Prevention (CDC). Key local partners included Thai Government departments – the Ministry of Public Health's Department of Disease Control (DDC), Department of Corrections (DOC), Bureau of AIDS, Tuberculosis and STIs (BATS) – and community-based organizations (CBOs) – Rainbow Sky Association of Thailand (RSAT), Mercy Centre, Service Workers IN Group (SWING), Mplus, Thanyarak Institute, Sisters, Violet Home, The Poz Center, and the Health Opportunities Network (HON).

Building capacity through technical assistance

As a principal technical assistance provider under the RDMA project, FHI 360 worked to strengthen the management and technical capacity of individuals and organizations at all levels to provide high-quality, comprehensive HIV/AIDS services to MARPs in Thailand. FHI 360 delivers technical assistance based on regular assessment of partner capacity and the participatory development of capacity building workplans. The provision of technical assistance is maintained throughout the duration of the mentorship through regular reassessment of technical assistance needs and adjustments to capacity building plans. Technical assistance is supported through the provision of specific trainings, mentorship, one-on-one supervision, technical assistance visits and curriculum, standard operating procedure (SOP) and guideline development. The aim of technical assistance delivered is a “cascading” approach that moves partners from initially being recipients of technical assistance to organizations that over the life of the project, become proficient as providers of capacity building and technical assistance services. Moreover, the goal for the

cascade approach is to build local organizational capacity to manage high quality programs and to develop skills to seek additional funding to further their mission.

Tools development

In order to support the delivery of sustainable, high-quality services, FHI 360 developed or modified numerous tools and trained partners to use them. Trainings were followed up with regular, on-site technical assistance monitoring and mentoring to ensure that trainees used the tools appropriately.

Tools developed under the RDMA project included models for collecting, analyzing, and disseminating HIV/AIDS-related data, such as a harmonized monitoring and evaluation framework and indicators for HIV/AIDS interventions for MSM in Thailand, guidelines for which were distributed to USAID and all USG and GFATM partners as well as to the Thai Ministry of Public Health. FHI 360 also worked with project partners to develop and disseminate SOPs for designing and improving the quality of key interventions and for conducting data quality assessments (DQA) to improve their programs. Finally, FHI 360 provided technical assistance

for the design and adaptation of MSM/TG case management quality improvement (QI) checklists and SOPs and for the scaling-up of the CPS for MARPs. These tools were incorporated into project activities and used for evidence-based decision-making to improve project outcomes at all levels.

SUMMARY OF PROJECT ACHIEVEMENTS

(average number of individuals or organizations reached per year)

Indicator	Achievement
Number of people trained in behavior change communication: individuals, small groups, and/or large groups	56
Number of people trained in home and community based care including livelihoods development	21
Number of local organizations provided with technical assistance for strategic information	27
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	28
Number of local organizations provided with technical assistance for strategic information activities	34
Number of individuals provided with clinic based care and/or TB/HIV and/or home and community based care	1247
Number of condoms sold/distributed	47,380

Note: The achievements noted above are presented as averages rather than totals because the USAID indicators track unique individuals across a single year but may be duplicated from year to year; thus, these figures may not be summed across all years of project support.

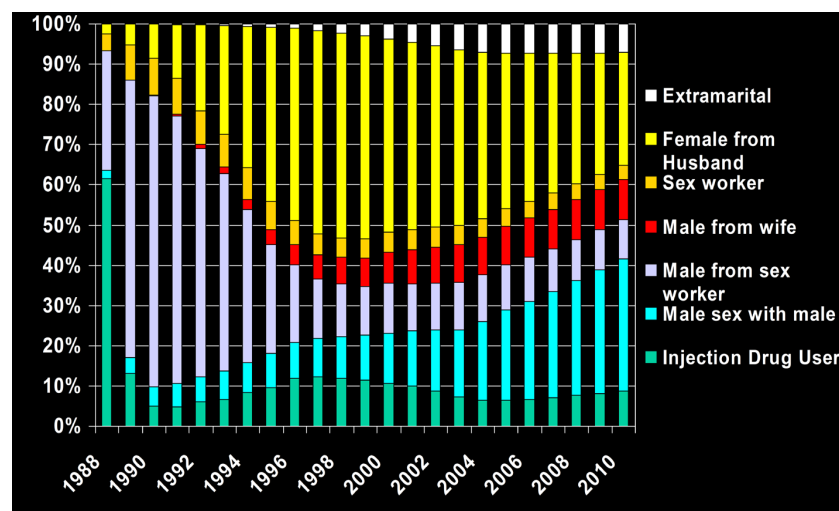
FHI 360 worked with local and international partners to provide technical assistance for monitoring and evaluation (M&E) of Thailand's HIV/AIDS prevention, treatment, care, and support programs. The RDMA interventions contributed significantly to increasing availability and use of strategic information in Thailand. The following are specific interventions carried out to improve availability and use of strategic information during the project.

Supporting the Development of Evidence-based National and Provincial Policies and Programs: The Integrated Analysis and Advocacy (A2) Project in Thailand

Between FY08 and FY10, FHI 360 continued its support to the Policy Research and Development Institute (PRI) to implement the Integrated Analysis and Advocacy (A2) project in Thailand. In FY 2008, the revised Asian Epidemic Model (AEM) Projections for HIV/AIDS in Thailand: 2005-2025 and the AEM projection for HIV/AIDS in Chonburi Province: 2008-2020 were finalized and disseminated. After FHI 360 funding to PRI ended in FY10, local-level authorities continued financing PRI to continue support at provincial-level for strategic information and HIV prevention strategy planning for key at-risk populations.

Although provincial-level authorities encouraged relevant organizations to support HIV prevention, local administration offices did not necessarily abide by the recommendation as they have autonomy to make their own planning and budgeting decisions. Therefore, additional focus on increasing support to local-level organizations was necessary as part of the project. In order to increase coverage of interventions approved at provincial-level and to promote continuity of HIV prevention interventions and approach from national, to provincial and local-level, PRI worked with administrative staff and community organizations in three local administration offices (Pattaya City, Banbueang and Nong Prue) to assess their local HIV situations and develop three-year HIV prevention workplans.

With the ending of FHI 360 support in FY10, PRI commenced initiatives that would better link it to national partners and the work of the GFATM and other partners



AEM projections on contributions of different at risk populations to new HIV infections used for policy advocacy in Thailand

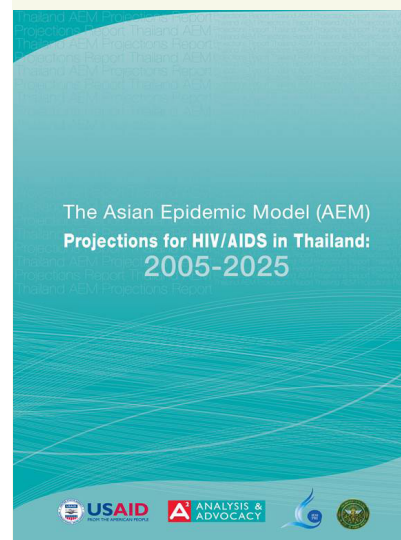
at national and provincial level. At national level, PRI began preparations for updates of the national HIV/AIDS projections and commenced policy guidance support to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Central HIV/AIDS Strategic Commission (CASC) in Thailand. At the provincial level, the concept of a formalized provincial strategic management coordinating mechanism was integrated as the Provincial Coordinating Mechanism (PCM) in the proposal for GFATM Round 1 Rolling Continuation Channel (RCC) 2009-2014, for implementation in 43 GFATM provinces. PRI successfully mobilized over USD20,000 from the National Research Council of Thailand (NRCT) to conduct and HIV prevention situation analysis among youth, and contributed to the USD1.6m mobilized from the GF RCC for replication of translating the national HIV prevention strategies into actions at the provincial level in other provinces in Thailand.

Providing M&E Technical Assistance to Key CBOs in Thailand

Throughout the duration of the project, FHI 360 has been providing, as part of a broader technical assistance offering, specific monitoring and evaluation (M&E) technical support to partners and CBOs in Thailand. This included support on general M&E concepts, data collection, analysis and use.

FHI 360 delivered two trainings to 15 Mercy Centre staff between 2008 and 2009 on M&E concepts, data analysis, the rationale for data collection and how data can be used effectively for program planning, monitoring and evaluation. In FY08, FHI 360 organized and delivered an M&E training course for 22 participants from USAID/ Pact/Thailand-funded IAs. This training aimed to develop skills of M&E focal points from each IA in developing data analysis plans and was followed up by FHI 360 TA visits to ensure IAs had developed data analysis plans and begun to use data with programming implications in mind. In FY09, FHI 360, together with Pact and the Thai Ministry of Public Health-U.S. Centers for Disease Control and Prevention Collaboration (TUC), provided TA to RSAT on developing data collection tools and guidelines for activities under GF8 project. In FY10, FHI 360 in collaboration with TUC conducted a three-day training for 50 participants from RSAT, its SSRs and IAs, to introduce BCC M&E data collection forms and how to use a computerized M&E database.

FHI 360 M&E-related technical assistance to local partners has also focused on Quality Improvement (QI) approaches. In September 2009, FHI 360 organized the two-day training on Introduction to Quality Improvement (QI) Approaches for Program Strengthening



Report on the AEM Projections for HIV/AIDS in Thailand disseminated in 2008

to introduce the concept and model of QI and encourage its use through project implementation by using routine monitoring data. This was attended by 25 participants from 12 organizations including RSAT, SWING Foundation, Sisters, Mplus, Violet Home, AIDSNet-North, M-Friend Group, M-Reach Group, Mercy Centre, MoPH and Pact Thailand. Data Quality Assessment (DQA) has been another area of key M&E-related technical assistance provided by FHI 360. During FY10-11, FHI 360 provided TA to RSAT in establishing a data quality assurance system to ensure validity and reliability of the data obtained under the GFATM Round 8 (GF8) MSM project led by RSAT. The data quality system included technical support on DQA



The 'Monitoring and Evaluation Indicators for MSM HIV Prevention and Care Services in Thailand' Guide



Training on the Harmonized M&E Indicators for MSM Interventions

processes and tools, DQA checklist development, M&E system assessments and data verification sessions adapted to the context and activities planned under the GF8 project.

Support to National MSM Program M&E Efforts

In addition to making MSM-specific services more widely available, the challenge in Asia is also to track their implementation and outcomes. Many organizations have mobilized to strengthen prevention and care efforts among MSM but much of the information resulting from these efforts has been fragmented and uncoordinated. Realizing the need to strengthen and scale up the response, USAID requested FHI 360 to spearhead an effort to harmonize monitoring and evaluation (M&E) indicators for MSM programs in Thailand. As national and local level organizations working with MSM were identified and brought together to document activities and discuss current practices in M&E, it became apparent there was a significant need to: (1) document and develop comprehensive, clear guidance on monitoring processes, (2) harmonize definitions related to the target population and the activity areas and, (3) rationalize data collection around a core set of defined indicators. In order to carry this work forward, a technical working group (TWG) led by FHI 360, and including organizations involved in MSM programming in Thailand, such as Service Workers in Group Foundation (SWING), RSAT, TUC, USAID RDMA, and Pact/Thailand was formed.

The 'Monitoring and Evaluation Indicators for MSM HIV Prevention and Care Services in Thailand' guide resulted from the work of this group and outlines the framework for intervention types, provides a list of commonly agreed upon core indicators and their definitions, and provides information on additional indicators to be used depending on data needs and planned evaluation efforts.

Over 60 participants from government and community partner organizations attended two subsequent trainings on the indicators and guide. The guidelines were distributed to USG partner, GFATM partners, MoPH and USAID and FHI 360 and RSAT coordinated with Pact Thailand who were to ensure consistent understanding and reporting among USG and GFATM partners at project-level. FHI 360 adopted this approach was for a similar MARP indicator harmonization process in China among USAID cooperating agencies in FY 2010.

At the request of the Department of Disease Control, FHI 360 has served on and supported the M&E committee to strengthen the national HIV monitoring and evaluation system, initiated in 2010 to determine the national HIV evaluation agenda and ensure that evaluation results are used to improve the effectiveness of the HIV response in Thailand. FHI 360 has also responded to requests from the National AIDS Management Committee (NAMC) to support UNGASS reporting around the HIV/AIDS situation, progress and challenges of HIV/AIDS prevention program among MSM.

Continued Challenges and Recommendations for Further Action

Despite significant progress in routine program monitoring capacities there remains continued need for M&E-related technical assistance among many of the Thai community-based organizations supported by the RDMA project. This applies particularly to areas such as data quality assessment and linking data to quality improvement of programs.

Organizations such as FHI 360 continue to have a role providing specific and focused support to national strategic information and monitoring evaluation efforts as with the development of harmonized indicators for M&E of MSM programs in Thailand and support to national HIV M&E system as above.

The experience of A implementation in Thailand as well as the technical support provided to the BMA suggest the continued need for support to sub-national and local government HIV-related strategic planning. This support extends not only to determining the key populations to target, but also identifying interventions that are effective and the related operations research evidence base. Greater access to national surveillance data sets would also provide valuable strategic information to the range of organizations working to combat Thailand's HIV epidemic.

2. Access to comprehensive prevention interventions for MARPs increased

Under the RDMA Project, USAID aimed to deliver a comprehensive package of HIV prevention services to those at highest risk for either becoming infected with HIV or passing their infection on to others, in order to prevent the maximum number of new infections.

In Thailand, FHI 360 has supported development and scale-up of the CPS model through:

- » technical support for government agencies and CBOs working to reach IDUs and MSM in closed settings and in the community,
- » integration of prevention services into community-based care and support activities, and
- » strengthening of HIV counseling and testing services.

Supporting the Delivery of HIV Prevention Services in Closed Settings

Following collaboration with the Department of Corrections (DOC), Ministry of Justice on a situation assessment of HIV/AIDS risk behaviors among prison inmates in 2006, FHI 360 assisted DOC in developing and field testing a training curriculum aimed to sensitize the prison staff across the range of correctional facilities, on HIV prevention, care and support and conducting training for prison staff in FY07. In FY08, FHI 360 supported the DOC to increase the coverage of its interventions to the other prisons located in Bangkok and nearby provinces such as Nonthaburi and Pathumthani. More specifically, FHI 360 supported prison staff training for 99 prison staff from 9 prisons, the finalization of a training of trainer curriculum and the selection and training of 20 master trainers who subsequently conducted participatory education sessions for 470 inmates.

Although direct FHI 360 support to the DOC ended in FY08, the DOC secured government funding to scale up activities and roll out training nationwide to 143 prisons and approximately 15,000 inmates. DOC received funding from GFATM Round 8 (2010- 2011) and GFATM Single Streamline of Funding (SSF) (2012- 2014) as a sub-recipient for national implementation and train prison staff and prisoners in closed settings. The curriculum on HIV Prevention, Care and Treatment in Closed Settings has been used widely throughout Thailand.

Delivering HIV Prevention Interventions for IDUs

The Thanyarak Institute, Department of Medical Services, Ministry of Public Health is one of the leading health care centers for drug users in Thailand and has been receiving support from FHI 360 to reduce the risk of HIV transmission among IDUs in Bangkok and Pathumthani since FY07, under a previously USAID funded project. During this time, FHI 360 supported the establishment and maintenance of client-centered Drop-in Centers (DIC) for support groups for IDUs and their families, to serve as a referral point for comprehensive HIV prevention and care services. The DIC functioned as a base for education sessions and weekly support group meetings for recovering IDUs and their families, covering a range of topics including overdose and relapse prevention, safer sex, safe injection, treatment adherence etc.

When the current USAID project was awarded in FY08, FHI 360 continued its support to Thanyarak Institute's weekly

support group for recovering IDUs and their families and educational sessions organized at its DIC reaching a total of 230 drug users and their family members, distributing over 2,500 condoms and 1,000 information, education and communication (IEC) materials, and referring 17 drug users for VCT or social services. FHI 360 also provided technical support to a technical working group (Thanyarak Institute, Bangkok Metropolitan Administration, MOPH and other agencies) for adaptation of the Treatment and Care for HIV-positive Injecting Drug Users regional curriculum developed by FHI 360/ASEAN/WHO.



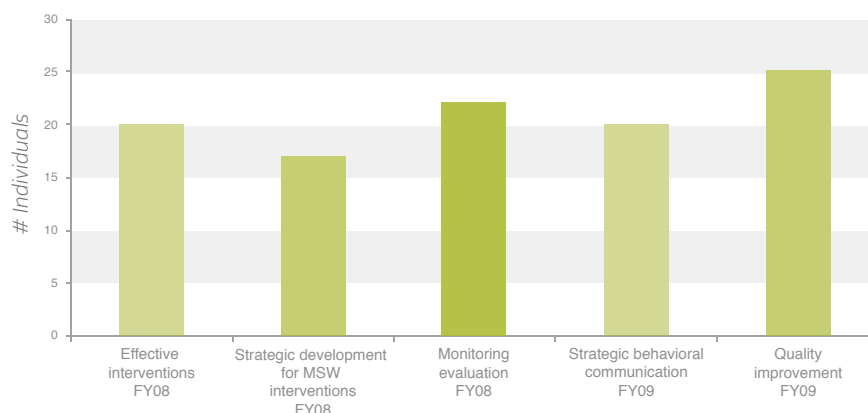
A support group educational session at Thanyarak's drop-in-center

Following FHI 360 support, Thanyarak Institute received funding from their own Department of Medical Services, Ministry of Public Health, to conduct training for 100 service staff on HIV prevention, care and risk reduction for drug users. In addition, Thanyarak Institute was able to sustain its DIC, until the last quarter of 2011, through financial support from several sources including the Health System Research Institute. Adapting technical knowledge gained from FHI 360, Thanyarak was also able to expand its model and open DICs in nine more provinces across Thailand.

Providing Prevention-related Technical Support to CBOs in Thailand

Throughout the duration of the RDMA project, FHI 360 has also been providing technical support to other USG-funded IAs in Thailand. In FY08, FHI 360 conducted training on 'Effective MSM Interventions' to help local partners identify and describe key behavioral theories and models of behavior change supporting different types of MSM interventions, and to apply these theories and models to their existing interventions. Following this training, FHI 360 conducted follow-up visits to SWING and Mplus to monitor application of behavior change theory. FHI 360 also conducted workshops on the development of MSW interventions and on the development of behavior change communication materials, and followed up these trainings with monitoring visits to support the application of new knowledge and skills.

Numbers trained by FHI 360 in HIV prevention and M&E from Pact-funded CBOs



Since 2009, FHI 360 has been providing technical assistance on behavioral interventions on HIV prevention to RSAT its SSRs and IAs as part of extensive support to the GFATM Round 8 Comprehensive HIV Prevention among MARPs by Promoting Integrated Outreach and Networking (CHAMPION) project in 30 provinces of Thailand. In the start-up phase, FHI 360 provided technical assistance to conduct mapping of key stakeholders and service providers in the intervention provinces, to conduct orientation workshops between RSAT and its SSRs (including facilitating specific technical sessions around peer education, drop-in centers, and M&E), and to convene regular coordination meetings.

Throughout implementation, FHI 360 maintained regular contact with RSAT and other partners on the needs for technical assistance, and provided TA in the following areas:

» FHI 360 led or contributed extensively to the development of the peer outreach training curriculum, delivery of peer outreach trainings and training of trainers, and the development of a GF8-specific peer outreach manual.

» FHI 360 led or contributed extensively to development, dissemination and use of SOPs for establishing drop-in-centers (DICs) and activities or interventions that could be implemented at DICs.

» FHI 360 provided extensive technical assistance on strategic behavioral change (SBC) and the development of IEC materials, delivering two trainings on the concept and steps of SBC development, how to use SOPs on IEC material design and the development of Creative Briefs in FY2010 and 2011.



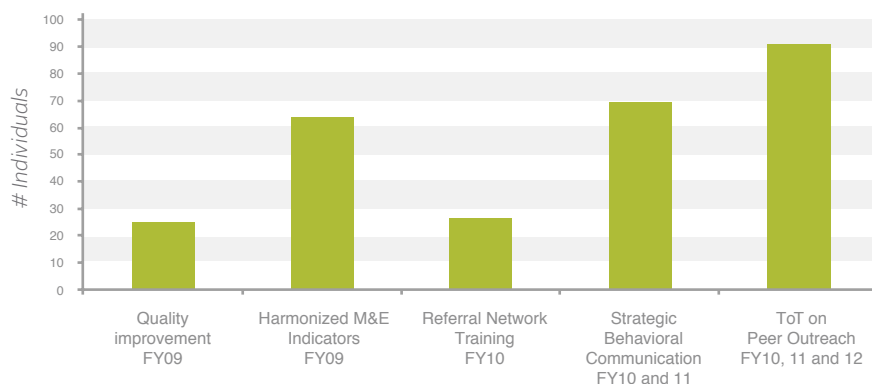
Participants discuss target profiling at an SBC training in 2009



Participants demonstrate how to use a condom with different kinds of lubricants at the training of trainers (ToT) for Peer Outreach in December 2010

» FHI 360 also provided technical support around the establishment of referral networks, delivering a training to outreach staff and DIC managers on establishing referral networks in FY2010, and providing technical inputs into the development of the referral system and associated forms.

Numbers trained by FHI 360 in HIV prevention and M&E from GF8 Partners



Development of the MSM Intervention Standard Operating Procedures Toolkit

MSM SOP Toolkit Topics

1. Establishing a Community-Based Referral Network
2. Materials Design and Production
3. Setting up a Peer Education Program
4. Hotline Telephone Information and Counseling service for MSM
5. Community-Based Peer-Support Group
6. Community-Based Empowerment Education as a Health Promotion Technique
7. Action-Oriented Community Diagnosis
8. Establishing a Drop-in Center for MSM Program
9. Community-based events
10. Individual-Level and Group-Level Interventions

In response to immediate needs for scaling-up MSM interventions in Thailand, FHI 360 supplemented SOPs on establishing a community-based referral network, setting up a peer education programs and material design developed in FY07, with the participatory development of an additional seven SOPs in FY09. The resulting SOP toolkit comprising 10 SOPs describes a systematic approach to establishing minimum standards for key MSM interventions. The toolkit provides specific guidance for designing and implementing interventions, developing proposals and tools for quality assurance, mentoring/training new staff, and supervising the implementation of an intervention. FHI 360 printed and distributed the toolkit to USAID-funded and GF8 CBOs implementing HIV prevention program among MSM and TG, who subsequently applied them in assessing and ensuring the quality of their interventions.

Establishing and Documenting a ‘Condom Revolving Fund’

Combining resources from FHI 360 corporate funding and the USAID project funding, FHI 360 provided extensive support to SWING for the development and implementation of a community-based revolving fund to promote condoms and water-based lubricant among MSM and male sex workers in Bangkok and to ensure sustainability of condom and lubricant supplies. FHI 360 also assisted SWING in documenting and disseminating experience and lessons learned from their condom revolving fund (CRF), leading to an expansion in the geographic coverage of the fund, a lowering

of the price of condoms by manufacturers, and positive responses from bars and karaoke venues.

SWING's CRF served as an exemplary model for many other CBOs, and at the invitation of the MoPH-US-CDC collaboration (TUC), SWING shared their CRF experiences with other organizations working with MSM in Thailand. Drawing lessons from SWING's CRF experience, FHI 360 also provided technical assistance to Mplus in setting up and implementing their own community-based CRF. FHI 360 guided Mplus through the development of an action plan and a stock system for lubricants, preparation of the required financial documentation, implementation of a basic market analysis, and assessment of MSM behaviors in the use of lubricants.

HIV Prevention Education to Slum Populations through the Mercy Centre

The Mercy Centre is a community-based organization serving the children and communities of the many slums in Bangkok. Since 2004, FHI 360 has supported Mercy Centre to provide community and home-based care services for PLHIV and their families and under the RDMA project also provided technical assistance in support of HIV prevention education and counseling targeting “other high-risk populations” including family members and caregivers of PLHIV.



Mercy Centre CHBC volunteers visiting clients

Between FY08 and FY10, the Centre distributed roughly 113,500 condoms and reached more than 2,800 clients through the telephone, face-to-face meetings, home visits and support groups where they discussed safer sex practices, adherence support, and HIV treatment, care and support. FHI 360 also provided sustained mentoring and coaching to Mercy Centre staff and delivered competency-based training in HIV prevention counseling.

Developing National Capacity for the Delivery of Quality VCT for MARPs

In 2009 FHI 360, WHO and UNICEF developed the HIV Counseling Resource Package, a modular training resource and reference tailored to the sociocultural and epidemic contexts of the Asia Pacific Region. The objectives of this resource package were to improve the technical capacity of counselors to provide HIV counseling across the disease continuum; to train counselors in evidence-based counseling strategies to reduce HIV transmission; to provide counselors with skills to support adherence to HIV treatment and care; and to reduce the psychological morbidity associated with HIV disease.

As the need for a more Thailand and MARP-focused package emerged, FHI 360, with RDMA funding, adapted the resource package to the Thai context in FY 2010. Adaptation was done in collaboration with USCDC/TUC and for application by the GFATM-funded program in Thailand. A six-day training was conducted with 36 counselors and service providers from 14 GFATM provinces in October 2009, followed by a three-day practice teaching workshop for 29 trainee trainers. With support from GFATM through BATS, the trainee trainers subsequently rolled out the training to counselors and service providers in the 14 provinces. This resource package was also used to train service providers under the HCT Demonstration Project and VCT Pilot Project.

In FY11, FHI 360 finalized the Thai translation of the modified UNICEF/WHO/FHI 360 HIV Counseling Resource Package and presented it to the Department of Disease Control, Ministry of Public Health.

Continued Challenges and Recommendations for Further Action

The assignment of different organizations providing financial, organizational capacity development and technical assistance to the same set of CBOs resulted in significant coordination, communication and efficiency challenges, as technical assistance on organizational capacity building and technical capacity building is inherently interdependent. Successful technical assistance to a CBO (particularly a nascent CBO) cannot be provided without parallel and linked organizational capacity development as this affects the institutional capacity to 'absorb' the technical support provided. Whilst the technical assistance needs of any CBO could be provided by multiple agencies it requires one organization with strong capacities to coordinate and manage these various inputs. Ideally speaking, this lead agency should also be the one that is providing financial assistance to the CBO. Wherever possible, the provision of financial support, the coordination of various inputs and the provision of certain areas of technical assistance should remain the responsibility of a single organization.

With the conclusion of the RDMA project through which FHI 360 was the lead technical assistance provider, MSM-related CBOs that have been implementing prevention interventions are facing substantial uncertainty over their sources of continued financial and technical support. While much has been done to develop their prevention-related technical capacities in a sustainable way, technical assistance still needs to continue in order to ensure the quality of what have increasingly become their independent activities. The success of technical assistance provided has been very much a result of long-standing relationships, trust and communications with the CBOs, their staff and their leaders. Success in meeting future assistance needs will require the time and effort to establish these relationships again. These CBOs remain in need of resource mobilization technical assistance, an area that should be addressed much earlier in organizational development plans, particularly when CBOs rely on only one source of funding.

Despite the strong leadership and capacities of the Thai HIV/AIDS response, there remains a need and role in Thailand for technical health and development organizations such as FHI 360 to provide focused support to the planning or implementation of MARP HIV prevention interventions, through for example linking CBOs with national or local policy development or strategic planning processes, or providing focused technical assistance in areas of expertise. Without continued intensive engagement with CBOs, technical and programmatic gains made over the past few years may be lost due to the limited resources available that would enable meaningful continued mentorship of MARP CBOs in Thailand.



The FHI 360, WHO and UNICEF HIV Counseling Resource Package and Thai adaptation and translation

Access to care, support and treatment for PLHIV and their families increased

High-quality, targeted treatment, care and support services for PLHIV play a vital role in reducing morbidity and mortality among those at-risk for HIV infection and those already infected. Since the beginning of the RDMA project, USAID and FHI 360 have supported community efforts to deliver client-focused care to those most at risk through funding and technical support and mentorship to the Human Development Foundation/ Mercy Centre and through technical assistance to other USAID MSM and TG community based organizations.

Supporting Mercy Centre's Community and home-based care (CHBC) program in a Bangkok Slum

The Human Development Foundation (HDF) or Mercy Centre, is a non-denominational community-based field organization, founded in 1974 in Klong Toey, Bangkok's largest slum. It has been providing care and treatment to people living with HIV (PLHIV) since 1993 when it opened its doors as an AIDS hospice to provide a final shelter for late-stage patients in the Klong Toey slum community. In 2004, with support from USAID through FHI 360, Mercy Centre started the HIV/AIDS Community and Home-based Care (CHBC) Project.

Under the RDMA project, FHI 360 continued to support CHBC delivered by Mercy Centre. Between 2008 and 2010, Mercy Centre was able to continue the provision of services it began in 2004: home-based care services in Bangkok and nearby provinces, hospital-based PLHIV support groups, health prevention education through telephone and face-to-face counseling for both PLHIV and general population, and care for care providers. With FHI 360 support, Mercy Centre was also able to develop the capacity of its staff, strengthen a referral system with government hospitals, and strengthen its monitoring and evaluation (M&E) system.

The CHBC project has been successful in providing an expanding array of patient care services including palliative care, psychological support, socio-economic assistance and increasingly HIV prevention education among partners and family members. The CHBC team conducted more than one thousand home visits to approximately 300 clients per year in 160 poor communities in Bangkok and expanded services to four nearby provinces (Nakornpathom, Nonthaburi, Patumthani, and Samutprakarn). FHI 360 also helped the Centre to facilitate PLHIV support groups in three government

hospitals - Lerdsin, Sirindhorn and Bangjak hospitals - where they provided HIV prevention education, distributed condoms, and referred clients to government health facilities and Mercy Centre for appropriate care.



A member of Mercy Centre's Home-based Care Team provides care to a community member

Table of Key Accomplishments for CHBC Project during 2008 -2010

<i>Indicator</i>	<i>FY 08</i>	<i>FY 09</i>	<i>FY 10</i>
Number of clients served through home-based care service	308	350	236
Number of home visit conducted	1,153	1,395	1,423
Number of clients reached through hospital-based PLHIV support group at the government hospitals	320	776	925
Number of clients reached through family support group	-	101	86
Number of clients provided with HIV prevention education through telephone and face-to-face counseling	539	828	1,521
Number of male condoms distributed	14,170	51,965	47,380
Number of PLHIV referred to health facilities/ Mercy hospice for appropriate care	44	36	50

Beginning in 2007, FHI 360 initiated a technical assistance (TA) process to assist Mercy Centre enhance the quality of care under its CHBC project and build staff capacity for long-term sustainability of the project. This TA process involved competency based training, development of standard operating procedures (SOPs) in community and home-based care services, establishment of a quality assurance/quality improvement (QA/QI) system, strengthening of monitoring system and data utilization, and routine mentoring of team members. These TA inputs contributed to a more structured CHBC preprogram and increased quality of service provision.

FHI 360 funding for the Mercy Centre program concluded in FY10, in line with the USAID/RDMA strategy to phase support from program implementation to technical assistance, but with the support from USAID through FHI 360, Mercy Centre was able to provide sustained home-based care through this project, increase

its scope of services, develop its staff and organizational capacities and transition from a technical assistance recipient, to a technical assistance provider. Mercy Centre continues to provide and expand CHBC and other services in Bangkok through its own resource development activities and the organization has become a local technical leader in its own right and, in 2011, delivered a five-day CHBC training to 23 participants from Mae Tao Clinic in Tak Province.

FHI 360 capacity building program to Mercy Centre

Key activity for capacity building	2004	2005	2006	2007	2008	2009	2010
Mentored and coached on service provision, program management and M&E related							
QA/QI of the service provision							
Trained on CHBC							
Trained on M&E							
Develop SOPs on CHBC							
Trained on basic patient care							
Refresher training on CHBC							
Trained on prevention counseling							
Trained on data utilization							
Trained on quality improvement							
Training of trainers in CHBC							

Success story:

Referral networking saves a former IDU

When outreach workers from the USAID/FHI 360-supported Mercy Centre met Jack*, an HIV-positive former IDU, he had tuberculosis and cryptococcus infection. Jack says at that time he had given up the will to live - when outreach workers tried to persuade him to seek treatment, he refused because he thought he would not make it. Apart from his diseases, he was also exposed to serious social stigmatization because of his physical condition. "You never know what I have to face, you never understand how I feel," he told outreach workers. "Discrimination is all around."

It took persistence, but eventually the outreach workers convinced Jack to go to the hospital, where he was surprised by the cordial and courteous manner of his healthcare providers. This gave Jack hope and he decided to give the recommended treatment a try. He collected the drugs and took them as prescribed.

Six months later, Jack's health and living conditions had improved significantly. He regained his strength and was able to do many of the things he could not do in the past. The Mercy Centre then referred him to the Ministry of Social Development and Human Security, which provided him with income generation support. The support he received has helped him to become financially self-sufficient, and he has joined the ranks of the CHBC workers at the Mercy Centre as a volunteer helping to provide home-based care and prevention education within the community. "The Mercy Centre's home-based care team is my role model. They are providing great help to HIV positive people. No Mercy Centre, no Jack today," he said.

**Jack's name has been changed to protect his identity.*

Case Management Approaches to HIV-related Care, Treatment and Support

In FY10, FHI 360 worked with Pact/Thailand to build the technical and programmatic capacity of 4 USAID/Pact sub-partners selected to integrate MSM care and support into existing programs:

- » The Poz Home Center in Bangkok,
- » Violet Home in Chiang Mai,
- » Health and Opportunity Network in Pattaya, and
- » The Service Workers in Group Foundation in Bangkok and Pattaya.

FHI 360 technical assistance was focused around developing their capacities on case management through case management training to 16 IA and four Pact staff, and development of a case management SOP and quality improvement (QI) checklist in FY11. Subsequent technical support and supervision from FHI 360 focused on development and adaptation of MSM/TG case management SOPs and MSM case management QI checklists to their specific context and needs, and on delivery of in-house trainings on case management for additional IA staff and peer leaders. Through these trainings and tools, the staff, supervisors and program managers from these sub-projects acquired knowledge, attitudes and skills required for case management of MSM and TG people living with HIV, including up-to-date information on opportunistic infections, ART and adherence support.

Following training on case management, FHI 360 provided support to case management SOP adaption and preparation of in-house trainings on case management for IA staff through regular subsequent TA visits. The Poz and VH conducted 3 day in-house trainings on case management supported by Pact, with a total of 9 and 21 staff and volunteers participating from the Poz and VH respectively. As HON had only a few volunteers, it was decided not to proceed with in-house training on case management, but instead to provide the concepts of case management to its volunteer through its monthly meetings. In consultation with FHI 360, SWING conducted 2 short workshops for its staff from Bangkok and Pattaya on basic HIV care and support using knowledge and skills obtained from the case management training.



Training on Case Management for MSM & TG living HIV for Pact's IAs in January 2011

Psychosocial Care Capacity building for HCT Service Providers

Between 2008 and 2011, FHI 360 provided training in psychosocial care and support to HCT service providers from government and community-based organizations as part of technical assistance under the HCT Demonstration Project and the VCT Pilot Project. These trainings aimed to build knowledge and skills around suicide risk assessment and



Group work during psychosocial care and support training for service providers during the VCT Pilot Project

management, drug and alcohol assessment and referral and post diagnosis care and support planning. The trainings strengthened HCT service provider skills to provide more comprehensive services for MSM and TG populations.

Continued Challenges and Recommendations for Further Action

In the context of a healthcare system dominated by service delivery in hospitals, program models that utilize trained community members to serve their own communities and are formally linked to secondary and tertiary care can help to maintain and improve the health of those at risk for or infected with HIV. For example the quality care provided to PLHIV by the trained CHBC teams at

Mercy Centre is a strong working example of the potential benefits of community-driven and owned programs and its application for the national healthcare system and for addressing other health issues. The establishment of their HBC program at Mercy Centre and their role as a technical assistance provider provides one of the best examples of a successful technical assistance and capacity building to a Thai CBO. Approaches to capacity building for the success at Mercy Centre would yield useful information for future efforts. It should be remembered that it took approximately five years of technical assistance and support for Mercy Centre and its HBC program to operate at to the level of independence it does today, suggesting it is important to account for the time it takes to develop close and trusting relationships with the CBOs targeted for development and capacity building.

Separation of the technical assistance provider from the organization providing funding to the CBO resulted in significant coordination, communication and efficiency challenges because of the extent technical and other organizational capacity needs are linked, the extent to which funding and management processes require technical inputs and information and the lack of clarity of roles and responsibilities at the margin. The conclusion of the RDMA project means a level of uncertainty over the targeted MSM CBOs' sources of financial and technical support to continue delivering care and support services; in some cases, it is less clear how long the CBOs can remain solvent to continue essential programs. Much remains to be done in order to ensure sustainability of these organizations and their services. Continued technical assistance is required to ensure the quality of the case management services that have been established.

Whilst Thailand has a 'mature' care and support program, is well-resourced and led by national government, a number of care and support issues remain for MARPs. These include issues around hospital registration and access to treatment, loss to follow up, the provision of psychosocial support, the relative neglect of specific MARP populations and heightened prevention interventions for those living with HIV/AIDS.

FHI 360 recognizes that the ability of HIV prevention, care, support and treatment services provided under the RDMA project to make a real and lasting impact on the spread of HIV will be in part determined by the broader social, policy and regulatory environment in which those services are implemented.

FHI 360 provided technical assistance in support of creating an enabling environment for improved HIV/AIDS services in the region, through support for:

- » data-driven development of HIV-related policies and regulations,
- » institutional capacity building for HIV strategic planning and implementation,
- » community mobilization, and
- » reduction of stigma and discrimination to encourage greater service uptake among most-at-risk populations.

HIV Policy Development

Under the TASC 3 RDMA project, FHI 360 facilitated linkage of A2 and AEM data with evidenced-based policy and program development support at the national and sub-national levels. FHI 360 additionally contributed to the body of local implementation experience around HIV rapid testing through the HCT Demonstration and VCT Pilot projects. In collaboration with Dr. Suwat Chariyalertsak, Director of the Research Institute for Health Sciences at Chiang Mai University, FHI 360 also facilitated discussions with MoPH/DDC and NAMC for the Thai Government's endorsement of community-based rapid HCT services for MSM in GFATM sites.

Institutional Capacity Building

To provide an enabling environment for expanded HIV/AIDS interventions, FHI 360 developed the capacity of USG and GFATM partners, government departments and CBOs for HIV strategic planning, work planning and program implementation. Working with PRI and A2, FHI 360 provided HIV prevention strategy planning support for key at-risk populations at the provincial and local government levels in Chonburi. Much of this support was facilitated

through the establishment of the AIDS Strategic Information Center in the province, which was mandated to provide strategic information support for HIV strategic planning through institutionalized links to key government, health and academic stakeholders.

FHI 360 also supported the BMA in developing their 2012-2016 HIV strategic and operational plans, in part by arranging a series of consultations between BMA strategic planning staff and Bangkok-based MSM CBOs, to ensure that the specific needs of MSM and TG people were integrated into those plans.

Community Mobilization

Much of FHI 360 technical assistance during the TASC 3 RDMA project was devoted to increasing the prevention, care and VCT capacities of MSM and TG-related community-based organizations under USAID/Pact and mobilizing these organizations to plan and deliver services to the populations they serve and represent.

Stigma and Discrimination

Before rolling out the use of HIV rapid test kits with same-day results, FHI 360 ensured that doctors, laboratory technicians, phlebotomists, counselors, and other service providers understood and were sensitized to the needs of MSM and TG populations. FHI 360 provided a series of practical MSM and TG sensitivity and awareness trainings to government-run district hospitals, provincial health offices, offices of disease prevention and control, and community-based VCT service providers. The training provided orientation on the specific service needs of MSM and TG people, contributed to the reduction in discrimination within service settings and addressed perceived barriers to VCT service uptake. FHI 360 also participated in different working groups and committees that helped coordinate and advocate support for HIV interventions among MARPs in Thailand.

Continued Challenges and Recommendations for Further Action

Whilst HIV policy development in Thailand is quite comprehensive and the process well formalized and relatively inclusive, MARP involvement in policy development processes at all levels could be improved.

At subnational level, there appears to be a continued need for strategic information and planning support, in the form of evidence of effectiveness of interventions and ensuring community involvement in planning processes. At national level, HIV policy development is likely to require continued periodic strategic information support from national AEM HIV projections. In addition there remain discrete areas for policy attention and potential improvements, an example being HIV rapid testing policies and strategies, that currently utilize three tests, and not the two tests used in many other countries in the region.

The organization and delivery of capacity building to MSM and TG CBOs in Thailand posed a number of challenges to their sustained mobilization, sustainability that will be further challenged by falling donor resources. Efforts towards mobilization of other MARP communities should also be intensified. At service delivery level, there remains a need for the development of MARP-friendly services, and as part of this, sensitivity and awareness trainings that increase service provider understanding of the specific needs and issues relating to MARPs.

5. *Effectiveness of USG-supported programs enhanced by leveraging other donor resources*

The USAID RDMA project partnered with GFATM and other funders to leverage resources optimizing coverage of HIV/AIDS services among MARPs in Thailand. The project played a leading role in leveraging external and domestic resources to support scaling-up of the HIV/AIDS comprehensive package of services for IDUs, MSM, FSW and MARPs.

For example, with FHI 360 support, the DOC and Thanyarak Institute secured additional government funding to scale up their HIV/AIDS activities in 2009. The DOC used the additional funds to conduct trainings for 15,000 inmates in 143 prisons nationwide and the Thanyarak Institute used the funds they received from the MpPH Department of Medical Services to train 100 prison service staff, including nurses and social workers, on HIV prevention, care and risk reduction for drug users.

Though FHI 360 funding support for PRI concluded in FY2010, as a result of technical assistance provided by FHI 360, the organization was able to mobilize more than USD\$20,000 from the National Research Council of Thailand to conduct an HIV prevention situation analysis among youth. Assistance from FHI 360 also contributed to the USD1.6m that PRI mobilized from the GFATM RCC (2009-2014) to replicate their model of a Provincial Coordinating Mechanism in 43 provinces, thus helping ensure that national HIV prevention strategies are effectively translated into local HIV prevention work plans.

This report highlights major achievements of the RDMA project implemented by FHI 360 in Thailand over a five-year period. Although there were many challenges during implementation, the project achieved its primary goals: the project has successfully strengthened the capacity of the Thai government and local CBOs to implement HIV/AIDS interventions.

As the 'Continued Challenge and Recommendations for Further Action' sections in this report suggest, much remains to be done in support of HIV prevention and care for MARPs in Thailand. Any donor funded HIV program in Thailand is likely to be small-scale (relative to government funding for HIV) and should remain focused on 'niche' areas of added advantage such as operations research, developing locally applicable models in support of expanded service provision and coverage of key at risk populations, or policy and partnership development around key issues that are less amenable to government-led initiative.

Partnership has been a critical factor in the success of the TASC 3 RDMA project's Thailand program which has demonstrated that with strong commitment and earnest partnership among government, CBOs and technical assistance providers, it is possible to improve substantially HIV/AIDS services at the local level. Working in collaboration with existing services and structures, rather than building in parallel to those structures, has facilitated

the speed with which the TASC 3 RDMA project delivered on its targets and increased the chance that investments were directed to strengthening the capacity of sustainable public and community institutions.

The technical assistance approach under the Thailand program highlights that capacity building efforts should be reinforced through ongoing mentorship, supportive supervision, and the use of tools and/or SOPs which institutionalize best practices. These were successfully employed to ensure high-quality implementation of new or expanded services or service delivery strategies, such as HIV rapid testing, CHBC, positive prevention or psychosocial support.

Community-based, targeted communication has great potential to influence health-seeking behavior. Intensive health promotion and strategic behavioral communications, which were key aspects of the RDMA project, contributed to the increased service demand documented through the project. In addition, communication training provided to service providers improved their communication skills and enabled them to productively interact with clients and transfer HIV/AIDS knowledge at the community level.

Lessons learned through implementation of the USAID RDMA project in Thailand can be applied widely to inform policy change and programming on HIV/AIDS within the country, and to inform scale-up of successful models piloted under the project, such as HIV rapid testing. Future HIV prevention, care and support projects would benefit from prudent and systematic investments in strengthening service delivery systems at all levels and in advancing program integration to improve synergies. There is a need for further decentralization of care and support services to more health facilities in more communities and greater involvement of grassroots communities and beneficiaries in service delivery. Further support should also be provided to strengthen partnerships, so that resources may be leveraged to expand existing services and ensure sustainability.

APPENDIX 1:

Thailand Program Implementing Agencies and Funding by Fiscal Year

Implementing Agency Name	Scope of Work	Funding by Fiscal Year (USD)					
		FY08	FY09	FY10	FY11	FY12	Total
Thanyarak Institute	HIV Prevention & Care in Drug Users	24,798.21	1,563.36	N/A	N/A	N/A	26,361.57
Research Institute for Health Sciences (RIHES)	Rapid Testing Quality Assurance	1,901.01	57.03	N/A	N/A	N/A	1,958.04
Thai Department of Corrections	HIV Prevention in Prison	41,820.77	10,207.90	N/A	N/A	N/A	52,028.67
Human Development Foundation (Mercy Centre)	Care & Support for PLWHA in Bangkok	75,937.57	74,291.18	75,676.14	N/A	N/A	224,557.95
TOTAL							\$304,906.23